



Commercial Drivers License
810 E. Gregg St, Sparks, NV 89431
4110 Donovan Way, N Las Vegas, NV 89030
3920 E. Idaho St, Elko, NV 89801

THIRD PARTY SCHOOL CERTIFIER APPLICATION

NRS 483.912, NAC 483.125 to 483.197

☐ Original Certification ☐ Re-certification Occupational License #: _____

Part I – To be completed by Certifier

Name: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
PO Box or Street City State Zip

Driver's License Number: _____ State: _____ Expires: _____

CDL Class: ☐ A ☐ B ☐ C Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ S ☐ X

Social Security No _____ - _____ - _____ Date of Birth _____ Sex _____

Height _____ Weight _____ Hair _____ Eyes _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever had a driver's license in another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your driver's license ever been suspended, revoked, cancelled or is it subject to disqualification? If Yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of driving under the influence of alcohol or a controlled substance in the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of a gross misdemeanor or felony relating to the management of money, fraud or embezzlement? If Yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you operated a commercial motor vehicle for at least one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is your position with your present employer? _____ | | |
| 7. How long have you worked for this employer? _____ | | |

I certify under penalty of perjury that the information on this application is true and correct. I authorize the Department of Motor Vehicles to conduct any background investigation necessary to evaluate my driving, employment or credit history.

Signature: _____ Date: _____

Part II – To be completed by 3rd Party School

School Name _____ Business License No. _____

Address _____

City _____ State _____ Zip _____ Phone No: () _____

I certify I am a principal of the above named school and request the Department of Motor Vehicles review the application of this instructor for 3rd Party Certifier and if qualified, to enroll him/her in the authorized class for third party certification of driving ability.

Name (*Print*) _____ Title _____

Signature _____ Date _____



DEPARTMENT USE ONLY



Application reviewed by: _____ Date: _____

Nevada Record Check: ☐ Yes ☐ No Date: _____

CDLIS check: ☐ Yes ☐ No PDPS check: ☐ Yes ☐ No Date: _____

Other (please explain) : _____

Approved: ☐ Denied: ☐ Enrolled in Class Number: _____

CDL Supervisor Signature: _____ Date: _____